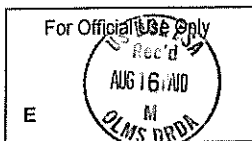


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

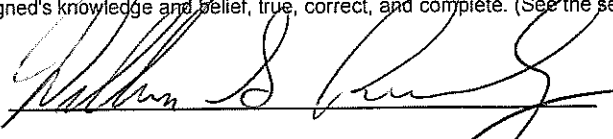
1. File Number U - 7777	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name William S Rovensky P.O. Box, Bldg., Room No., if any Street 1389 Broad Street City Clifton State New Jersey ZIP Code + 4 07013	4. Name, file number, and address of labor organization. Name UFCW Local 1262 Labor Organization File Number 051-552 P.O. Box, Building and Room Number, if any Street 1389 Broad Street City Clifton State New Jersey ZIP Code + 4 07013
5. Position in labor organization. Assistant Field Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Ahold USA Trade Name, if any: Stop & Shop Supermarkets, Co. P.O. Box, Bldg., Room No., if any PO Box 55888 Street City Boston State Massachusetts ZIP Code + 4 02205-5888	7.a. Nature of Interest, Transaction, or Income. As a result of labor and other business related meetings with Stop & Shop Management, received one dinner on 7-13-04. I do not know the value of this meal. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On **8/4/05** **973 777 3700**
Date Telephone Number

Name of Person Filing William Rovensky

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

UFCW Local 1262 Employer Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1389 Broad Street

City

Clifton

State

New Jersey

ZIP Code + 4

07013

14.a. Nature of payment.

Educational Conference
February 2004 in Florida13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$2,748

Name of Person Filing William Rovensky

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UFCW Local 1262 Employer Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1389 Broad Street

City Clifton

State New Jersey ZIP Code + 4 07013

14.a. Nature of payment.

Trustee Meetings Meals and Other Business Related Meetings
See Attached Spreadsheet13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$248

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

William Rovensky - Attachment for LM-30 Part "C" 14.a.

Business Meals at Trustee and Other Business Related Meetings	
9/30/2004	8.83
6/15/2004	39.86
3/10/2004	46.50
3/15/2004	47.78
10/15/2004	50.73
11/12/2004	54.00
Total	247.70